FORM	4
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1	Check this box if no
	longer subject to
	Section 16. Form 4 or
	Form 5 obligations
	may continue. See
	Instruction 1(b).

(Drint or Type De

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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SEC 1474 (9-02)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)								1			
1. Name and Address of Reportin CUMMING IAN M.				r Trading Symb ES INC [ML		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) C/O LEUCADIA NATION CORPORATION, 315 PA	09/24/2012	iest Transa	actior	n (Month/Day/Y	(ear)	Officer (give title below)	Other (spe	cify below)			
(Street) NEW YORK, NY 10010	4. If Amendme	ent, Date C	rigin	al Filed(Month/D	ay/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State)	(Zip)		Table I -	Non	-Derivative Sec	curitie	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)	Date H (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	on	or Disposed of (D)		ed (A)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D)	ect (D) Ownership	
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	09/24/2012		S		10,422,859	D	\$ 41	0	I (1)	See Explanation (1)	
Common Stock	09/24/2012		D		1,000	D	\$0	0	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numł	ber	and Expiration	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) or	r						Reported	or Indirect	
						Dispo	sed						Transaction(s)	(I)	
						of (D))						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	15)								
											Amount				
								Dete	E		or				
									Expiration	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CUMMING IAN M. C/O LEUCADIA NATIONAL CORPORATION 315 PARK AVE SOUTH NEW YORK, NY 10010	Х						

Signatures

/s/ Ian M. Cumming	09/25/2012
Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Reflects shares of Mueller Industries, Inc. common stock beneficially owned by Leucadia National Corporation ("Leucadia"). The Reporting Person is a significant (1) shareholder and Chairman of Leucadia. The Reporting Person disclaims beneficial ownership of the Issuer's common stock owned directly and indirectly by Leucadia, except to the extent of his pecuniary interest, if any.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.